

SERIAL NUMBER <div style="text-align: center;">09/400,409</div>	FILING DATE <div style="text-align: center;">09/21/99</div>	CLASS <div style="text-align: center;">359</div>	GROUP ART UNIT <div style="text-align: center;">2872</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">990577/LH</div>
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APPLICANT

HISAO KITAGAWA, KUNITACHI-SHI, JAPAN.

****CONTINUING DOMESTIC DATA*******
 VERIFIED
MS(NONE)

****371 (NAT'L STAGE) DATA*******
 VERIFIED
MS(NONE)

****FOREIGN APPLICATIONS*******
 VERIFIED JAPAN 10-268307 09/22/98
MS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/08/99

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JPX	SHEETS DRAWING 6	TOTAL CLAIMS 2018	INDEPENDENT CLAIMS 26
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Verified and Acknowledged MS
Examiner's Initials INDEX

ADDRESS

FRISHAUF HOLTZ GOODMAN
 LANGER & CHICK PC
 767 THIRD AVENUE 25TH FLOOR
 NEW YORK NY 10017-2023

TITLE

CONFOCAL MICROSCOPE APPARATUS AND PHOTOGRAPHING
 APPARATUS FOR CONFOCAL MICROSCOPE

FILING FEE RECEIVED <div style="text-align: center;">\$760</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/></td> <td>All Fees</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> </table>	<input checked="" type="checkbox"/>	All Fees	<input type="checkbox"/>	1.16 Fees (Filing)	<input type="checkbox"/>	1.17 Fees (Processing Ext. of time)	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____
<input checked="" type="checkbox"/>	All Fees													
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<input type="checkbox"/>	Other _____													
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